

Minutes
Traumatic Brain Injury Advisory Council
Dorothea Dix Campus, Council Building Rm 201
Raleigh, North Carolina
June 13, 2007

Members Present		
Michiele Elliott	Tonia Harrison	Grey Powell
Sandra Farmer	Stephen Hooper	Sharon Rhyne
David Forsythe	Anne King	Tom Winton
Travis Glass	Marilyn Lash	Elizabeth Newlin
Flora Hammond	Charles Monnett	Jim Swain for Jo Perkins

Members Absent		
David Atkinson	Patrick O'Brien	Jamesa Selleck
Spencer Clark	Holly Riddle	Elsie Siebelink
Martin Foil	Scott Sagraves	
Lynn Freeman	Robert Seligson	

Others Present		
Pat Bevell	Nancy Espinosa	Tami Guerrier
Veronica Bohannon	Sandy Ellsworth	Janice White
Bob Dively	Jacquelyn Gordon	

The meeting was called to order by Sharon Rhyne, Chair, at 10:12 a.m. Ms. Rhyne welcomed all council members and guests. Introductions were made. Ms. Rhyne announced that a new Council member, Holli Hoffman, representative for the North Carolina Office of Emergency Medical Services, will be attending. Staff is still working on the remaining Council replacements.

Approval of Minutes:

Ms. Rhyne requested that members review the minutes from the March 14, 2007 council meeting.

Motion: made by David Forsythe, seconded by Liz Newlin to accept the minutes with one change. Under TBI Model System Data, change the number from 15 to 16. The minutes were unanimously approved.

Nominations for New Chair

Ms. Rhyne gave a brief overview of how the council was formed and the need to appoint a new Council chair since she has served out her full term. She also explained that it was unclear from the statute establishing the Council whether a new chair can be appointed by the Council or actually has to be appointed by the Secretary of the Department of Health and Human Services every term. The statute makes it unclear if the Secretary's approval was only meant to apply to the Chair serving the first term of office.

Given that it would be decided the selection should rest with the Council (or that the Secretary would at least consider the Council's recommendation), Ms. Rhyne then opened the floor for nominations for a new Council Chair position since her term expires September 30, 2007. Charles Monnett nominated Marilyn Lash; Marilyn agreed to consider this as long as the members will continue to guide her in the coming years. Ms. Rhyne agreed that Marilyn has been an integral part of the Council during her tenure. Discussion followed. There being no more nominations for Chair the floor was closed. A motion was made by Charles Monnett, seconded by Liz Newlin, to send a recommendation letter to Secretary Odom to appoint Marilyn Lash as the new chair. The motion carried unanimously.

Revisiting the TBI Definition

Flora Hammond mentioned that the Brain Injury Definition Subcommittee reviewed other states' TBI definitions and then gave the members a few minutes to read the suggested TBI definition that they put together, which was emailed to the Council members prior to the meeting. Question and answer period followed. Dr. Hammond explained that the task force struggled with all of the definitions of brain injury and tried to make it as inclusive as possible. The members reviewed the pieces that were removed from the original version and shared their concerns. Dr. Hammond explained that once adopted the TBI definition would serve as a guideline for collecting BI data, i.e. data from Public Health and will help in crafting strategies for services and funding. Once data are collected it will aide in speaking with the legislators for their support for funding. Acquired brain injury was discussed. Stephen Hooper recommended adding "but not limited to" in the following sentence: "Possible consequences of an acquired brain injury may include, *but not limited to*: " Council members agreed. A motion was made by David Forsythe, seconded by Liz Newlin to approve the TBI definition as discussed and presented. The motion was approved unanimous. Sharon Rhyne thanked Flora and the subcommittee for their time spent on this task. Ms. Rhyne stated that looking at appropriate ICD-9 codes related to the definition would be the next step in the process.

Guest Speaker

Sandy Ellsworth introduced the guest speaker, Jacquelyn Gordon, who spoke about cultural diversity. Ms. Gordon shared some of her experiences as a Cultural Diversity Specialist. It is everyone's responsibility to be sensitive to cultural diversity in order to assist a person in need of any kind. Ms. Gordon is happy to assist any one who might have questions and distributed her business cards.

Report from the Neurobehavioral Task Force

Marilyn Lash, chair reported that the task force has met twice since the last TBI board meeting. Ms. Lash stated that in order to address the needs of NB in North Carolina, data must be compiled. The data can then be used as leverage for funding. Marilyn distributed a list of task force members and notes from their meeting. A summary of the task force notes follows. The NB Task Force was responsible for:

1. identifying and analyzing various models for delivery of neurobehavioral services;
2. recommending strategies to increase capacity of neurobehavioral services statewide;
3. making recommendations on neurobehavioral services for the state plan of DMH on TBI;
4. examining needs for funding to improve access to neurobehavioral services; and
5. reporting findings and recommendations to the Statewide Advisory Council for inclusion in the report to the Governor.

The task force recommends the following priorities for the development and expansion of NB services:

- Priority 1 – The development of mobile Neurobehavioral teams statewide for training and capacity building;
- Priority 2 – Establishment of inpatient Neurobehavior Units; and
- Priority 3 – Provision of individual and family support across the continuum of care and services, including acute care, rehabilitation services, schools and vocational programs.

Additional issues for discussion:

- Source of payment is a critical issue for treatment in NB units. Models from other states include Minnesota and Massachusetts. A Brain Injury Trust Fund is a source of payment in several states.
- Community Transition Coordinators are a model program for linking individuals and families to services in the community. Successful models are the NC Project ACCESS and the Transition Program in Alabama.

- Respite Care and Support Programs can be integrated within NB units for ongoing family support and as preventive care.
- Uses of NB Team by families include information and resources, guidance and support, education, service coordination and crisis intervention.

The task force suggested including this information in the State plan. If Council members have other suggestions please submit them to Marilyn Lash in writing as soon as possible. Stephen Hooper suggested revisiting the Project Access model. The task force supports this model. Liz Newlin led a discussion on the Acute Hospital issues such as folks with TBI being undiagnosed on the orthopedic units. Much training is needed on neurobehavioral issues among persons with TBI for hospital staff, EMS staff and police. Some shared ideas on how to move the State forward either with a waiver or trust fund. It was recommended that Council members read the national manual on neurobehavioral models for state programs by NASHIA that will be emailed to everyone tomorrow for information on this issue. Jim Swain said that there are some vocational rehab issues that could be addressed and he will submit them in writing to Marilyn. Tom Winton will review the education section and give feedback on this. Sandy Ellsworth mentioned that within the next 18 months the state plans to have 3 neuro medical units operational, at the O'Berry Center in Goldsboro, the Black Mountain Center in western NC and Longleaf (formerly NC Special Care Center) in Wilson. Stephen Hooper reported that Butner Hospital is supposed to be dedicating up to 20 beds for children with BI and he would like the task force to follow up on this.

Committee Updates

Injury Prevention & Surveillance/Public Awareness – Liz Newlin reported that the first goal of this committee is to identify gaps in prevention awareness by county. The committee is working on developing a survey instrument. The survey will look at overall injury prevention and work on BI prevention from there.

Legislative Policy – Sandra Farmer briefed the Council on the status of MH funding. MH/DD/SAS didn't fare very well this legislative session. The Council needs to prepare a "white paper." A letter has been sent to the attorney general regarding guidance on Trust Fund issues but no response has been received to date.

Health Services & Services Delivery – Michielle Elliott will take over as committee chair and she asked committee members for assistance since she is new. David Forsythe stated that he will update a chart previously developed on residential cost tracking.

Update on Needs Assessment

Sandy Ellsworth updated the group on the status of the needs assessment. MH received an extra \$1 million from the MH Trust Fund but this may be the only year that this happens. All of the money except for about \$150,000 has been spent to date. The funds were used for community capacity building and education. Ms. Ellsworth mentioned that an advisory panel for the waiver has met to begin the process of developing the language for a waiver. We may want to push for a tiered waiver to include TBI. Stephen Hooper mentioned that the advisory panel has the DPI data by county and will be preparing 2 needs assessments; one for survivors and one for family members/friends. These are expected to be distributed to the LMEs next week. The expectation is to have summaries of the data by the next TBI Advisory Council meeting.

HRSA (Health Resources Services Administration) TBI Grant Update

Sandy Ellsworth briefed the Council on the progress of the Federal HRSA grant. One of the goals of this grant was to fund the creation of a fourth community/family information and referral resource center in the western region of the state. The center was opened in Asheville at the Community Care Partners office. Many requests for training of support groups from the community have come in. Also needed are outreach programs for the

Veterans and Native Americans. Travis Glass stressed the need for education of the staff at the LMEs and providers.

Tammy Guerrier mentioned that 6 focus groups have been or will be held to obtain information from stakeholders regarding training needs. Groups included 2 LMEs, 2 providers and 2 family and survivors groups. Groups were both urban and rural. 15 LME's, 17 providers, and 17 family/survivors participated. The next step is to analyze the data and compare it to what other states are doing. Later a statewide task force may be put into place regarding how training should be carried out.

Anne King will call Sharon Rhyne to discuss forming a Trust Fund Task Force.

Ms. Rhyne thanked everyone for their participation. There being no other business, the meeting was adjourned at 1:15 pm.

Respectfully submitted,
Veronica Bohannon
Program Support